

INFORMATION BULLETIN

WELFARE-TO-WORK

Number: WB00-45

Date: October 30, 2000
Expiration Date: 12/30/01
69:58:cg:4167

TO: LOCAL WORKFORCE INVESTMENT AREAS
WELFARE-TO-WORK 15 PERCENT SUBGRANTEES
DOL WELFARE-TO-WORK 25 PERCENT SUBGRANTEES
COUNTY WELFARE DIRECTORS
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES STAFF
EDD EXECUTIVE STAFF
WDB STAFF

SUBJECT: REVISED WtW PARTICIPANT CLIENT FORM

The purpose of this information bulletin is to provide a copy of the revised Welfare-to-Work (WtW) participant client form and instructions for this revision.

The Welfare-to-Work (WtW) Application/Registration form (WtW 10 EWRF) in the Job Training Automation (JTA) system has been revised as the result of the 1999 WtW Grant program amendments. A JTA system release, Version 4.04, was issued on July 28, 2000, to address the required system changes. The WtW Information Bulletin WB00-36, *Revised WtW Application/Registration Form*, provided additional information regarding the WtW grant amendments including changes to client eligibility criteria and allowable activities. These instructions supercede the instructions for Box 24 contained in Information Bulletin WB00-36.

The WtW 10 EWRF was modified to accommodate the new eligibility groups and their respective eligibility criteria and to ensure clarification on the eligibility criteria for Noncustodial Parents. The following is a list of the changes made to the attached WtW Application/Registration form:

1. Box 24 (modified)—Noncustodial Parent. Changes item #6 in Box 24 from “**No**” to “**Yes**”, the Custodial Parent receiving Temporary Assistance for Needy Families (TANF) **and** the Minor Child was eligible for TANF/CalWorks **or** receiving Food Stamps, Supplemental Security Income, Medicaid, or Children’s Health Insurance Program (CHIP).
2. Box 24 (modified)—Noncustodial Parent. Adds item #9, “**No**”. This item should be selected if any of the prior responses in Box 24 do not apply **or** if the applicant is not a noncustodial parent.

When the Final WtW regulations are issued, the State will distribute additional guidance on definitions and eligibility criteria that are pertinent to the 1999 WtW amendments. At that time we will issue the revised *WtW Client Forms Handbook* in its entirety to ensure its clarity.

Please ensure this information bulletin is shared with your WtW Management Information System and reporting staff. If you have any questions regarding this bulletin, please contact Ed Flores, Performance Management Unit, at (916) 654-8298. Questions regarding the JTA system should be directed to the JTA Help Desk at (916) 653-0202. All other questions should be directed to your assigned WtW program manager.

/S/ BILL BURKE
Chief

Attachment

Welfare-to-Work

APPLICATION / REGISTRATION

										Subgrantee Name									
										01 Application Number									
										02 Social Security Number 									
03 Application Date 					04 Last Name					05 First Name					Middle				
06 Street Address (Residence)					City State (Residence)					07 ZIP (Residence)					08 Phone (Residence) ()				
09 Mail Street					Mail City State					10 Mail ZIP					11 Message Phone ()				
12 GEO Code (Optional)		13 Gender 1 Female 2 Male		14 Birthdate 		15 Age		16 Citizen 1 U.S. Citizen 2 Eligible Non-Citizen 3 Ineligible Non-Citizen			17 Alien Doc #		18 No. Dependents (Include Participant)		19 Currently Receiving TANF 1 Yes 2 No				
20 TANF Case No.		21 TANF Assistance for 30 or More Months 1 Yes 2 No		22 Within 12 Months of TANF Time Limit 1 Yes 2 No		23. TANF Exhausted-Otherwise Eligible 1 Yes 2 No		24 Noncustodial Parent 1 Yes, Custodial Parent Receiving TANF 2 Yes, Custodial Caretaker Receiving TANF 3 Yes, Minor Child Receiving TANF 4 Yes, Minor Child Received TANF past 12 months 5 Yes, Minor Child eligible for TANF/CalWORKs or receiving FS, SSI, Medicaid or CHIP 6 Yes, Custodial Parent Receiving TANF and Minor Child eligible for TANF/CalWORKs or Receiving FS, SSI, Medicaid or CHIP 9 No							25 Noncustodial Parent Status 1 Unemployed 2 Under-employed 3 Difficulty paying Child Support 4 No				
26 Reading Grade		27 Math Grade		28 Highest Grade Completed		29 School Dropout 1 Yes 2 No		30 Received GED 1 Yes 2 No		31 Education Status (Attended) 1 Elementary School 6 2 Yr. College Graduate 2 Secondary School 7 4 Yr. College Graduate 3 High School Graduate 8 Post Grad Work/Degree 4 Voc/Tech School 9 No School 5 Some College									
32 Limited English Speaking 1 Yes 2 No		33 Teen Pregnancy 1 Yes 2 No		34 Teen Parent 1 Yes 2 No		35 Poor Work History 1 Yes 2 No		36 Homeless 1 Yes 2 No		37 Disabled 1 Yes 2 No		38 Substance Abuse 1 Yes 2 No		39 Locally-Defined Characteristics 1 Yes 2 No					
40 Custodial Parent Below Poverty Level 1 Yes 2 No		41 TANF with LWIB Defined Barriers Self-Sufficiency 1 Yes 2 No		42 Former Foster Care Youth 1 Yes 2 No		43 State Match 1 Yes 2 No		44 10% Window 1 Yes 2 No		45 Eligibility A 70% Provision B 30% Provision C Amended 70% Provisions D Amended 30% Provisions X Ineligible Y Fed 70% Provision Z Fed 30% Provision									
46 Ethnicity (Circle One)																			
AA Asian Indian AB Cambodian AC Chinese AD Filipino AE Guamanian AF Hawaiian AG Japanese AH Korean AI Laotian AJ Samoan AK Vietnamese AL Other Asian/Pacific Islanders AO Other Asian BL Black-Not Hispanic HI Hispanic NA American Indian/Alaskan Native WH White																			
Signature of Interviewer										47 Interviewer ID									
Signature of Reviewer										48 Reviewer ID									

Client Certification: My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the Welfare-to-Work program and may result in action to recover any moneys paid to me while participating.

Signature of Client		Date	Signature of Parent, Guardian or Responsible Adult		Date
Remarks:					